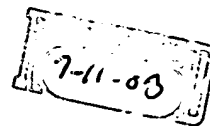


**BLAKELY  
SOKOLOFF  
TAYLOR &  
ZAFMAN**

A LIMITED LIABILITY  
PARTNERSHIP INCLUDING  
LAW CORPORATIONS

1279 OAKMEAD PARKWAY  
SUNNYVALE, CALIFORNIA 94086  
(408) 720-8300 (Telephone)  
(408) 720-8383 (Facsimile)

Official



### FACSIMILE TRANSMITTAL SHEET

Deliver to: Examiner Andrew Faile GAU 2611  
Firm Name: Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450  
Fax Number: (703) 872-9314 Telephone No.: \_\_\_\_\_  
From: John P. Ward, x237  
Date: 07/11/2003 Time: 7:00 p.m.  
Operator: Judy Steinkraus x280 Matter: 4688.P024 09/875,460  
Number of pages including cover sheet: 12

Certificate of Facsimile Transmission: Certificate of Mailing: I hereby confirm that the following documents were faxed to Examiner Faile at facsimile no. (703) 872-9314 at Commissioner for Patents, P.O. Box 1450 Alexandria VA 22313-1450 on 07/11/2003: Transmittal (2 pages + duplicate); Fee Transmittal (2 pages + duplicate); Declaration and Power of Attorney (3 pages, executed)..

  
\_\_\_\_\_  
Judy L. Steinkraus  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### CONFIDENTIALITY NOTE

The documents accompanying this facsimile transmission contain information from the law firm of Blakely Sokoloff Taylor & Zafman that is confidential or privileged. The information is intended to be for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, be aware that any disclosure, copying, distribution, or use of the contents of this faxed information is prohibited. If you have received this facsimile in error, please notify us by telephone immediately so that we can arrange for the retrieval of the original documents at no cost to you.

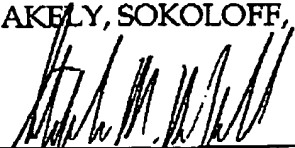
**IF YOU EXPERIENCE ANY DIFFICULTY IN RECEIVING THE ABOVE PAGES,  
PLEASE CALL (408) 720-8300 AND ASK FOR THE OPERATOR NAMED ABOVE.**

Authorization is hereby given to charge our Deposit Account No. 02-2666 for any charges that may be due. A duplicate of this Response is enclosed for deposit account charging purposes.

Respectfully submitted,

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN

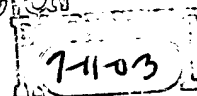
Date: 07/11/2003

  
\_\_\_\_\_  
Stephen M. De Klerk. No. 52,997

12400 Wilshire Boulevard  
Seventh Floor  
Los Angeles, CA 90025-1026  
(408) 720-8300, x237

#9  
J. Douglas  
3/31/04 @ 005

Official

Patent

Attorney's Docket No.: 4688.P024

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of: Kikinis

Application No. 09/875,460

Filed: 06/05/2001

For: REMOTE CONTROL OF  
PROGRAM SCHEDULING

Examiner: Andrew Faile

Art Unit: 2611

CERTIFICATE OF FACSIMILE TRANSMITTAL

I hereby certify that this correspondence is being transmitted via facsimile (703) 872-9314 to GAU 2611, Examiner Andrew Faile, Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450

on 07/11/2003  
Date  
Judy L. SteinkrausCommissioner For Patents  
Alexandria VA 22313-1450TRANSMITTAL OF EXECUTED DECLARATION AND POWER OF  
ATTORNEY

Sir:

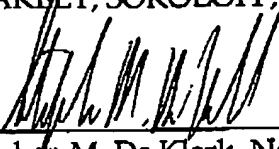
Further to the referenced patent application mailed 06/05/2001 and in absence of having received a Notice to File Missing Parts to date, please find enclosed:

- (1) a duly executed Declaration and Power of Attorney with respect to the above-referenced patent application;
- (2) authorization to charge deposit account 2-2666 for the amount of \$65.00 in payment of the surcharge of 37 C.F.R. § 1.16(e); and
- (3) a return receipt postcard.

Authorization is hereby given to charge our Deposit Account No. 02-2666 for any charges that may be due. A duplicate of this Response is enclosed for deposit account charging purposes.

Respectfully submitted,

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN



Date: 07/11/2003

Stephen M. De Klerk. No. 52,997

12400 Wilshire Boulevard  
Seventh Floor  
Los Angeles, CA 90025-1026  
(408) 720-8300, x237

**FEE TRANSMITTAL FOR FY 2003**TOTAL AMOUNT OF PAYMENT (\$) 65.00

## Complete if Known:

Application No. 09/875,460Filing Date 06/05/2001First Named Inventor KikinisGroup Art Unit 2611Examiner Name Andrew FaileAttorney Docket No. 4688.P024**METHOD OF PAYMENT (check one)**

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 2-2666

Deposit Account Name \_\_\_\_\_

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

- ☐ Applicant claims small entity status. See 37 CFR 1.27

2. \_\_\_\_\_ Payment Enclosed: \_\_\_\_\_ Check  
 \_\_\_\_\_ Money Order  
 \_\_\_\_\_ Other

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Code	Fee (\$)	Code	Fee (\$)		
1001	750	2001	375	Utility application filing fee	_____
1002	330	2002	165	Design application filing fee	_____
1003	520	2003	260	Plant filing fee	_____
1004	750	2004	375	Reissue filing fee	_____
1005	160	2005	80	Provisional application filing fee	_____
SUBTOTAL (1) \$					_____

**2. EXTRA CLAIM FEES**

		Extra Claims	Fee from below	Fee Paid
Total Claims	_____	- 20** = _____	X _____	= _____
Independent Claims	_____	- 3** = _____	X _____	= _____
Multiple Dependent	_____		_____	= _____

\*\*Or number previously paid, if greater; For Reissues, see below.

Large Entity		Small Entity		Fee Description
Code	Fee (\$)	Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$ \_\_\_\_\_

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

<u>Large Entity</u>		<u>Small Entity</u>		<u>Fee Description</u>	<u>Fee Paid</u>
<u>Code</u>	<u>Fee (\$)</u>	<u>Code</u>	<u>Fee (\$)</u>		
1051	130	2051	65	Surcharge - late filing fee or oath	65.00
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1813	8,800	1813	8,800	Request for inter parties reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to Institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1808	180	1808	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	2809	375	For filing a submission after final rejection (see 37 CFR 1.129(a))	
1814	110	2814	55	Statutory Disclaimer	
1810	750	2810	375	For each additional invention to be examined (see 37 CFR 1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
1504	300	1504	300	Publication fee for early, voluntary, or normal pub.	
1505	300	1505	300	Publication fee for republication	
1803	130	1803	130	Request for voluntary publication or republication	
1808	130	1808	130	Processing fee under 37 CFR 1.17(l) (except provisionals)	
1454	1,300	1454	1,300	Acceptance of unintentionally delayed claim for priority	
Other fee (specify) _____					
Other fee (specify) _____					
<b>SUBTOTAL (3)</b>					<b>\$ 65.00</b>

\*Reduced by Basic Filing Fee Paid

**SUBMITTED BY:**Typed or Printed Name: Stephen M. De KlerkSignature: [Signature] Date: 07/11/2003Reg. Number: 46,503 Telephone Number: (408) 720-8300 x237